

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/505376** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4	1						54						
5	1						55						
6	5						56						
7	5						57						
8	5						58						
9	5						59						
10	5						60						
11	5						61						
12	5						62						
13	5						63						
14	5						64						
15	5						65						
16	5						66						
17	1						67						
18	1						68						
19	2						69						
20	2						70						
21	1						71						
22	1						72						
23	2						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8		↓		↓								
TOTAL DEP.	62	←	←	←	←		↓		↓		↓		
TOTAL CLAIMS	70						←		←		←		